

FORM  
**A 19-1A**  
(Rev. 6/95)



STATE OF WASHINGTON  
**INVOICE VOUCHER**

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

AGENCY NAME

Department of Personnel

VENDOR OR CLAIMANT (Warrant is to be payable to)

April Watts  
12345 Any Street  
Anywhere, WA 99999

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

**Vendor's Certificate.** I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY

(SIGN IN INK)

(TITLE)

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)										RECEIVED BY					DATE RECEIVED					
DATE		DESCRIPTION						QUANTITY		UNIT	UNIT PRICE		AMOUNT		FOR AGENCY USE					
Date		Describe expense and what it was for						* attach receipts to back		total amount										
1/24/2004		Food for CFD office party											\$20.00							
1/24/2004		Supplies for CFD office party											\$10.00							
PREPARED BY										TELEPHONE NUMBER 360.664.1995			DATE		AGENCY APPROVAL				DATE	
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.			REF. DOC. NO.			VENDOR NUMBER			VENDOR MESSAGE			USE TAX	UBI NUMBER			
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX PROGRAM INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER				
ACCOUNTING APPROVAL FOR PAYMENT										DATE					WARRANT TOTAL 0.00		WARRANT NUMBER			